

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010867

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 622

FILED MAR 25 1963

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville		Length of stay in 1b 3 Days	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Com. Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 500 EAST 81 ST. NO.
3. NAME OF DECEASED (Type or print) First John Middle E Last Meyer Sr.		4. DATE OF DEATH Month MAR. Day 18 Year 1963	

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-1-75	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Mgr. Pecton Div. of Spears Co.		10b. KIND OF BUSINESS OR INDUSTRY ONTONIA, Mo.		11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME CHRISTIAN Meyer		13b. MOTHER'S MAIDEN NAME MARY FRIEDMAN		14. NAME OF HUSBAND OR WIFE PAULINE Meyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		16. SOCIAL SECURITY NO. 14		17. INFORMANT Adolph C. Meyer	
18. CAUSE OF DEATH (Enter only one cause per PART I. - DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bacteriemia		19. ADDRESS K.C., Mo.		INTERVAL BETWEEN ONSET AND DEATH one week	

DUE TO (b) Abscesses, Multiple, Back		Interval between onset and death two weeks
DUE TO (c) Prolonged bed rest		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
--	--	--	--	--	--	--	--

21. I attended the deceased from 1957 to 3-18-63 and last saw ^{her} him alive on 3-18-63	
Death occurred at 4:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) Donald E. Kuehn MD		22b. ADDRESS 8400 N. Oak Hwy Kansas City 55, Mo		22c. DATE SIGNED 3-19-63	
---	--	---	--	------------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-21-63		23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH		23d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.	
--	--	-----------------------------	--	---	--	--	--

24. FUNERAL DIRECTOR DW. Newcomer's Sons		ADDRESS KAN. CITY, Mo.		25. DATE RECD. BY LOCAL REG. 3-20-63		26. REGISTRAR'S SIGNATURE Marguerite Hodgins	
--	--	----------------------------------	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

INSTEAD OF

DATE AMENDED

VS 300
Rev. 4/59

16000

260082

3

4

5

6

7

8

9692.1

10

11

124-0

132-0

Dr. Kenzi
Gashland

MAR 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address Mo. Kan. City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.